Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Citizens Strengthening our Message in the House (C SMITH PAC) PO BOX 3168 ADDRESS (number and street) (Check if address is changed) Hamilton 08619-0168 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS csmithpac12@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C00524322 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Roldan, Mary, M.,, Type or Print Name of Treasurer Roldan, Mary, M.,, [Electronically Filed] 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF (	COMMITTEE e Committee:	. 494 -			
(a)	This committee is a principal campaign committee. (Complete the candidate information below	.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	nplete the candidate			
Name of Candidate					
Candidate Party Affiliat	Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	arty Committee:				
(d)	(National, State  This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fun	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.				
Con	Committees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

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V	Vrite or Type Committee Name		J
(	Citizens Streng	thening our Message in the House	e (C SMITH PAC)
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
ı			
L	<u> </u>		
L			
	Mailing Address		
		CITY STA	TE ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
		ntify by name, address (phone number optional) and position of	the person in possession of committee
	books and records.		
	Full Name		
	Mailing Address		
	Title or Position	CITY STATI	E ZIP CODE
		Telephone number	
<b>i</b> .	any designated agent (e.g.,	d address (phone number optional) of the treasurer of the commassistant treasurer).	nittee; and the name and address of
	Full Name Roldan, M of Treasurer	ary, M., ,	
	Mailing Address	PO BOX 3184	
		Trenton	08619-0184
	Title or Position	CITY STATE	ZIP CODE
	Treasurer		

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Full Name of Designated Agent	Roldan, Mary, M., ,			
Mailing Address	PO BOX 3184			
	Trenton NJ 08619-0184  CITY STATE ZIP	CODE		
Title or Position Treasurer	Telephone number			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.				
	Investors Bank			
Mailing Address	2300 Route 33			
	Robbinsville NJ 08691			
	CITY STATE ZIP	CODE		
Name of Bank, D	Name of Bank, Depository, etc.			
	Investors Bank 2300 Route 33			
Mailing Address				
	Robbinsville NJ 08691			
	CITY STATE ZIP	CODE		